

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Home Health Agencies  
Managed Care Organizations

**# Memo:** 09-79  
**Issued:** December 28, 2009

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information, contact:**  
1-800-562-3022, option 2, or go to:  
<http://hrsa.dshs.wa.gov/contact/prucontact.asp>

**Subject: Home Health Services (Acute Care Services): Fee Schedule Updates and Home Health Services Delivered Through Telemedicine**

**Effective for dates of service on and after January 1, 2010**, the Department of Social and Health Services (DSHS) will:

- Update the Home Health Services (Acute Care Services) Fee Schedule; and
- Cover home health services delivered through telemedicine.

This memo also reminds providers:

- Of previous client eligibility changes effective November 1, 2009;
- Of requirements for General Assistance–Unemployable clients effective November 1, 2009; and
- To complete ProviderOne registration.

## **Maximum Allowable Fees**

**Effective for dates of services on and after January 1, 2010**, DSHS will update the Home Health Services (Acute Care Services) fee schedule.

Visit the DSHS/HRSA web site at <http://hrsa.dshs.wa.gov/RBRVS/Index.html> to view the new fee schedule, effective January 1, 2010.

Bill DSHS your usual and customary charge.

## Home Health Services Delivered Through Telemedicine [WAC 388-551-2125]

### What Is Covered?

Effective for dates of service on and after January 1, 2010, DSHS will cover home health services delivered through telemedicine (see below):

Revenue Code	Maximum Allowable Fee
0559	\$77.00

### Who Is Eligible?

DSHS covers the delivery of home health services through telemedicine for clients who have been diagnosed with an unstable condition who may be at risk for hospitalization or a more costly level of care. The client must have a diagnosis(es) where there is a high risk of sudden change in medical condition which could compromise health outcomes.

### What Does DSHS Pay for?

DSHS pays for one telemedicine interaction, per eligible client, per day based on the ordering licensed practitioner's home health plan of care.

### Requirements for Payment

To receive payment for the delivery of home health services through telemedicine, the services must involve:

- A documented assessment, identified problem, and evaluation which includes:
  - ✓ Assessment and monitoring of clinical data including, but not limited to, vital signs, pain levels and other biometric measures specified in the plan of care. Also includes assessment of response to previous changes in the plan of care; and
  - ✓ Detection of condition changes based on the telemedicine encounter that may indicate the need for a change in the plan of care; and

- Implementation of a documented management plan through one or more of the following:
  - ✓ Education regarding medication management as appropriate, based on the findings from the telemedicine encounter;
  - ✓ Education regarding other interventions as appropriate to both the patient and the caregiver;
  - ✓ Management and evaluation of the plan of care including changes in visit frequency or the addition of other skilled services;
  - ✓ Coordination of care with the ordering licensed provider regarding findings from the telemedicine encounter;
  - ✓ Coordination and referral to other medical providers as needed; and
  - ✓ Referral to the emergency room as needed.

### **What Does DSHS Not Pay for?**

DSHS does not pay for the purchase, rental, repair, or maintenance of telemedicine equipment and associated costs of operation of telemedicine equipment.

### **Prior Authorization**

DSHS does not require prior authorization for the delivery of home health services through telemedicine.

## Update to Client Eligibility Programs

Retroactive to dates of service on and after November 1, 2009, DSHS:

- Revised coverage for adult noncitizens under the following three medical programs:
  - ✓ Federally funded Alien Emergency Medical (AEM) program;
  - ✓ State-funded Nursing Facility program; and
  - ✓ State-funded Alien Medical program.

Eligibility criteria for coverage and the services available are different for each medical program listed above. For more information, visit:

<http://hrsa.dshs.wa.gov/News/aem.htm>.

- Requires General Assistance-Unemployable (GA-U) clients in Washington State to enroll in managed care for purposes of their medical benefits. DSHS published this new mandatory enrollment requirement in Numbered Memorandum 09-63. To view numbered memo 09-63, visit DSHS online at:  
<http://hrsa.dshs.wa.gov/download/Memos/2009Memos/09-63.pdf>. For more information, contact the Community Health Plan of Washington at [customercare@chpw.org](mailto:customercare@chpw.org) or call 1-800-440-1561.

## Updated Billing Instructions

DSHS has updated Sections C and D of the *Home Health Services Billing Instructions* with the new information found in this memo. The updated billing instructions may be downloaded and printed (see “How Can I Get DSHS/HRSA Provider Documents?” on the next page).

## How Do I Conduct Business Electronically With DSHS?

You may conduct business electronically with DSHS by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

## **ProviderOne Registration**

To continue to receive payment, providers must complete ProviderOne registration to prepare for ProviderOne implementation. Specific instructions and resources are available at <http://hrsa.dshs.wa.gov/providerone/providers.htm>.

## **How Can I Get DSHS/HRSA Provider Documents?**

To download and print DSHS/HRSA provider numbered memos and billing instructions, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).